

Figure 2: 25 TAC §157.125(t)

BASIC TEXAS TRAUMA FACILITY CRITERIA

Basic Trauma Facility (Level IV) - provides resuscitation, stabilization, and arranges for appropriate transfer of major and severe trauma patients to a higher level trauma facility; provides ongoing educational opportunities in trauma related topics for health care professionals and the public, and implements targeted injury prevention programs (see attached standards).

1.	Emergency Room	E
a.	Personnel	
1)	Designated physician director	E
2)	A minimum of two registered nurses who have trauma nursing training will participate in initial major trauma resuscitations	D
b.	Written protocols, developed with approval by the hospital's medical staff, for:	E
1)	Trauma team activation	E
2)	Identification of trauma team responsibilities during a resuscitation	E
3)	Resuscitation and Treatment	E
4)	Admission and transfer	
c.	A written plan, developed by the hospital, for acquisition of additional staff on a 24 hour basis to support units with increased patient acuity, multiple emergency procedures and admissions (i.e. written disaster plan)	E
d.	Equipment for resuscitation and to provide life support for the critically or seriously injured shall include but not be limited to:	
1)	Airway control and ventilation equipment such as laryngoscopes and endotracheal tubes of all sizes, bag/mask resuscitator, pocket masks and oxygen	E
2)	Mechanical ventilator	D
3)	Suction devices	E
4)	Electrocardiograph - oscilloscope - defibrillator	E
5)	Apparatus to establish central venous pressure monitoring	D
6)	All standard intravenous fluids and administration devices, including intravenous catheters and rapid infusion devices	E

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7)	Sterile surgical sets for procedures standard for the emergency room, such as thoracostomy, venesection, cricothyroidotomy, etc.	E
8)	Gastric lavage equipment	E
9)	Stabilization devices for cervical injuries	E
10)	Stabilization devices for long bones	E
K)	Thermal control equipment	
a)	for patient	E
b)	a warming device for blood and fluids	E
12)	Non-invasive continuous blood pressure monitoring device	E
13)	Transcutaneous oximeter	E
e.	Other	
1)	Radiological Services	
a)	Technician on call and promptly available within thirty minutes of request	E
b)	24 hour coverage by in-house technician	D
c)	Computerized tomography	D
2)	Clinical Laboratory Services (available 24 hours per day)	
a)	Standard analyses of blood, urine and other body fluids	E
b)	Blood typing and cross-matching	D
c)	Capability to give uncrossmatched blood	E
d)	Blood gases and pH determinations	E
e)	Drug and alcohol screening - toxicology screens need not be immediately available but are desirable (if available, this capability should be monitored in the performance improvement program)	D
3)	Two-way communication with prehospital emergency medical services vehicles	E
2.	Physician Services	
a.	On-call and promptly available within 30 minutes of request from inside or outside the hospital:	

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1)	Anesthesiology - requirements may be fulfilled by a member of the anesthesia care team credentialed in assessing emergent situations in trauma patients and providing any indicated treatment	D
2)	Emergency Medicine - this requirement may be fulfilled by a physician credentialed by the hospital to provide emergency medical services	E
a)	At least one staff physician is credentialed in ATLS or an equivalent course approved by the Texas Department of Health (TDH) at the time of designation	E
b)	<p>Any physician who is providing this coverage should be currently credentialed in ATLS or an equivalent course approved by the TDH at the time of re-designation. A board certified emergency physician is exempt from this requirement if the physician participates in the care of at least 10 major or severe trauma patients in the previous 12 month period or completes an ATLS-equivalent number of trauma continuing medical education hours.</p> <p>A physician who is providing this coverage should be credentialed by the hospital to participate in the resuscitation and treatment of trauma patients to include requirements such as board certification, trauma continuing medical education, compliance with trauma protocols, and participation in the trauma performance improvement program.</p>	E
c)	The physician on-call must be activated on EMS assessment for the severe or major trauma patient. Response time should not exceed thirty minutes of patient arrival (this criterion should be monitored in the performance improvement program).	E
3)	Primary Care Physician - should be notified at an appropriate time	D
4)	Radiology	D
b.	Physician on-call schedule must be published	E
3.	Nursing Services	
a.	An identified Trauma Nurse Coordinator/Trauma Program Manager, who is a registered nurse, with overall management responsibility for the trauma program . There should be a defined job description and organizational chart delineating the Trauma Nurse Coordinator's/Trauma Program Manager's role and responsibilities. The functions of trauma coordination may be delegated to other positions within the organization.	E
b.	Trauma Registrar	D

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c.	Written standards on nursing care for trauma patients in all areas of the trauma facility are to be documented	E
d.	All nurses caring for trauma patients have documented knowledge and skill in trauma nursing to include pediatric and burn patients (i.e. trauma specific orientation, skills checklist, continuing education, etc.)	E
e.	At least one member of the registered nursing staff has successfully completed an Advanced Cardiac Life Support (ACLS) course, or hospital equivalent, a nationally recognized pediatric advanced life support course [i.e. Pediatric Advanced Life Support (PALS)], and the Trauma Nurse Core Course (TNCC) within 12-18 months of the date of designation	E
1)	At least one of the nurses serving on the Trauma Team must have successfully completed the TNCC or an equivalent TDH approved course by re-designation.	E
2)	Nurses who participate in staffing of the emergency room should have successfully completed ACLS, or equivalent, a pediatric advanced life support course, and the TNCC within 12-18 months of employment or the date of designation.	D
f.	50% of nurses caring for trauma patients should be certified in their area of specialty (i.e. CEN, CCRN, CNRN, etc.)	D
4.	Performance Improvement	
a.	An organized performance improvement program established by the hospital, to include trauma audit filters (see attached standard list)	E
1)	Systematic documentation of trauma care which meets state trauma registry guidelines	E
2)	Audit of trauma charts for appropriateness and quality of care	E
3)	Morbidity and mortality review, to include all trauma deaths	E
4)	Multidisciplinary trauma conferences for performance improvement activities, continuing education and problem solving to include documented nursing and prehospital participation	D
b.	Trauma registry - data will be forwarded to the state trauma registry on at least a quarterly basis	E
5.	Regional Trauma System Hospital must participate in the regional trauma system per Regional Advisory Council (RAC) requirements	E
6.	Transfers	
a.	Written transfer agreements for patients needing higher level of, or specialty, care (i.e. surgery, burns, etc.)	E

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b.	A system for establishing an appropriate landing zone in close proximity to the hospital (if rotor wing services are available).	E
7.	Public Education A program to address the major injury problems within the hospital's service area. Documented participation in a RAC public education program is acceptable.	E
8.	Training Programs Formal training programs in trauma continuing education will be made available by the hospital to physicians, nurses and allied health personnel based on needs identified from the performance improvement program	E

E - Essential

D - Desired